

Augst 25 - 1900  
to

September 25 - 1904

W. A. Watters.

DELE



To  
Jan'y 25-1900 Aug 5-1904

TOWN OF LOS GATOS.

REPORT OF DEATH.



*Full name of Deceased,*

*Age: ..... Years, ..... Months, ..... Days. ....*

*Born in (State or County) .....*

*Resident here .....*

*Died at .....*

*Single, Married or Widowed.*

(Cross out words not required in this line.)

*Occupation .....*

*Color or Race (If not white) .....*

*Date of Death .....*

*Reported by .....*

*..... 190*

*Cause of Death .....*

*Certified by .....*

*Was a Post-Mortem held? .....*

*Buried at .....*

*By .....*

TOWN OF LOS GATOS

REPORT OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE OF DECEASED

SEX OF DECEASED

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE OF DECEASED

SEX OF DECEASED

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF DECEASED

DATE OF DEATH

L  
R  
Ca  
Ce  
Wa  
Bur  
By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



*Full name of Deceased,*

.....

*Age: ..... Years, ..... Months, .... Days. ....*

*Born in* (State or County) .....

*Resident here* .....

*Died at* .....

*Single, Married or Widowed.*

(Cross out words not required in this line.)

*Occupation* .....

*Color or Race* (If not white) .....

*Date of Death* .....

*Reported by* .....

..... 190

*Cause of Death* .....

*Certified by* .....

*Was a Post-Mortem held?* .....

*Buried at* .....

*By* .....

TOWN OF LOS GATOS

REPORT OF DEATH

— — —

Full name of deceased

Age      Sex      Marital Status      Date of Birth

Place of Birth

Residence

Death

Cause of Death or Injury

Time of Death      Place of Death

Signature

Full Name

Date of Death

Reported by

1907

Place of Death

Signature

Was a Post-mortem held

Filed at

11

TOWN OF LOS GATOS.

REPORT OF DEATH.



*Full name of Deceased,*

.....

*Age: ..... Years, ..... Months, ..... Days. ....*

*Born in* (State or County) .....

*Resident here* .....

*Died at* .....

*Single, Married or Widowed.*

(Cross out words not required in this line.)

*Occupation* .....

*Color or Race* (If not white) .....

*Date of Death* .....

*Reported by* .....

..... 190

*Cause of Death* .....

*Certified by* .....

*Was a Post-Mortem held?* .....

*Buried at* .....

*By* .....

TOWN OF LOS GATOS

REPORT OF DEATH

Last name of deceased

Age Years Months Days

Place in which deceased

Residence of deceased

Identified as

Single, Married or Widowed

Place and date of death

Occupation

Color of Hair Eyes and skin

Date of birth

Reported by

1903

Cause of death

Certified by

Was a first-born child

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



*Full name of Deceased,*

.....

*Age: ..... Years, ..... Months, ..... Days. ....*

*Born in* (State or County).....

*Resident here*.....

*Died at*.....

*Single, Married or Widowed.*

(Cross out words not required in this line.)

*Occupation*.....

*Color or Race* (If not white).....

*Date of Death*.....

*Reported by*.....

..... 190

*Cause of Death*.....

*Certified by*.....

*Was a Post-Mortem held?*.....

*Buried at*.....

*By*.....

TOWN OF LOS GATOS

REPORT OF DEATH

1900

Full name of deceased

Age . . . . . Sex . . . . .

Place of birth . . . . .

Resident here . . . . .

Died at . . . . .

Single, married or widowed

Informant's name and relationship to deceased

Occupation

Color or Race (if non white)

Date of death

Reported by

1900

Cause of death

Confirmed by

Was a Post-Mortem held?

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Wm Havis Hendrickson*

Age: *38* Years, *6* Months,  Days

Born in (State or County) *California*

Resident here *Six months*

Died at *Los Gatos*

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation *Clerk*

Color or Race (If not white)

Date of Death *Jan 25<sup>th</sup>*

Reported by *R. L. Robertson*

*January 25<sup>th</sup>* 1900

Cause of Death *Pulmonary Tuberculosis*

Certified by *W. S. Gaber*

Was a Post-Mortem held? *No*

Buried at *Shipped to Oakland*

By *H. A. Watters*

TOWN OF LOS GATOS

REPORT OF DEATH

...

Full name of deceased

Age ... months ... days

Place of death

Time of death

*Hamm*  
*Cahill*

*J.*

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Eliza Johnson

Age: 42 Years, 5 Months, 1 Days

Born in (State or County) Canada

Resident here Twelve Years

Died at Las Gatos

~~Single~~, Married or Widowed.

(Cross out words not required in this line.)

Occupation Wife

Color or Race (If not white)

Date of Death Jan 28th 1900

Reported by M. C. Bruce

Los Gatos Jan 28th 1900

Cause of Death Pulmonary Tuberculosis

Certified by W. G. Gaten

Was a Post-Mortem held? No

Buried at Las Gatos

By H. C. H. attested

TOWN OF LOS GATOS

REPORT OF DEATH

...

Full name of Deceased

Age, Sex, Race, Marital Status

Date of Birth

Place of Birth

Date of Death

Place of Death

Signature of Physician

Signature of Coroner

Color of Hair

Date of Death

Reported by

1900

Cause of Death

Certified by

Was a Post-Mortem Made

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Joseph Pedrazzi

Age: 52 Years, Months, Days

Born in (State or County) Switzerland

Resident here 25 years

Died at Saratoga, Calif  
1/29/1900

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Laborer

Color or Race (If not white) white

Date of Death Jan 29th 1900

Reported by

190

Cause of Death Paralysis of Rectum  
Blasphemy

Certified by H. S. Lowell

Was a Post-Mortem held? No

Buried at Saratoga

By H. H. Watters

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of deceased

Age of deceased at death

Place of birth

Residence at death

Date of death

Place of death

Cause of death

Occupation

Color or Race (If not white)

Date of birth

Reported by

Signature

Cause of death

Certified by

Was a Post-Mortem held

Filed at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*John H Gray*

Age: *56* Years, *1* Months, *23* Days

Born in (State or County) *New York State*

Resident here *3 months*

Died at *Los Gatos*

~~Single~~, Married or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation *Capitalist*

Color or Race (If not white) *White*

Date of Death *Feby 9th*

Reported by *his son*

*Gray* 1900

Cause of Death *Valvular Heart Disease beyond diagnosis*

Certified by *W. S. Arguimbau*

Was a Post-Mortem held? *No*

*Shipped to Syracuse N.Y.*  
Buried at

By *H. B. Whittier*

TOWN OF LOS GATOS

REPORT OF DEATH

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

John H. Gray

Age: 56 Years, 1 Months, 23 Days

Born in (State or County) New York State

Resident here 7 months

Died at Los Gatos

~~Single~~, Married or Widowed.

(Cross out words not required in this line.)

Occupation Capitalist

Color or Race (If not white) White

Date of Death Feb 9 / 1900

Reported by his son

1900

Cause of Death Valvular Heart disease & general dropsy

Certified by W. R. A. Urgentante

Was a Post-Mortem held? No

shipped to  
Buried at Syracuse N. Y.

By W. R. A. Urgentante

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of deceased

Age, Sex, Marital Status

Residential address

Died at, City, State

Single, Married or Widowed

(If not on record, not reported in this form)

Occupation

Color or Race (if not white)

Date of Death

Reported by

1907

Cause of Death

Certified by

Is not a Post-Mortem finding

Reported at

87

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*John Rodenier*

Age: ..... Years, ..... Months, ..... Days.

*Still born*

Born in (State or County) *California*

Resident here .....

Died at .....

~~Single, Married or Widowed.~~

(Cross out words not required in this line.)

Occupation .....

Color or Race (If not white). *White*

Date of Death *Feb 15<sup>th</sup>*

Reported by *John Rodenier*

..... 1900

Cause of Death *Still born*

Certified by *Dr. Gabe*

Was a Post-Mortem held? *No*

Buried at *San Jose*

By *W. H. Watters*

TOWN OF LOS GATOS

REPORT OF DEATH

...

Full name of deceased

John Robinson

Age ... Years ... Months ... Days

1881

Place of birth (State & County) California

Resident here

Died at

Physician attended or witnessed

(Cross out words not reported in this line)

Occupation

Color or Race (Green when white)

White

Date of Death

July 12

Reported by

John Robinson

100

Cause of Death

Heart

Certified by

W. B. Smith

Was a non-Morison body

No

Buried at

San Jose

By

W. B. Smith

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Nathan J Ewan*

Age: *74* Years, ..... Months, .... Days .....

Born in (State or County) .. *Ohio* .....

Resident here .. *Ten years* .....

Died at .. *Los Gatos* .....

~~Single~~, Married or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation .. *Retired Farmer* .....

Color or Race (If not white) .. *White* .....

Date of Death .. *March 8th 1900* .....

Reported by .. *Dr. Harmon* .....

*March 8th 3 o'clock* .....

1900

Cause of Death .. *Apoplexy* .....

Certified by .. *Dr. Blagden* .....

Was a Post-Mortem held? .. *No* .....

Buried at .. *Los Gatos* .....

By .. *M. R. Watters* .....

TOWN OF LOS GATOS

REPORT OF DEATH

...

Full name of Deceased

Robert J. Brown

Age 77 Years Months Days

Chico

Born in State or Country

Resident here

Filed at Los Gatos

Single, Married or Widowed

Persons not worthy not reported in this town

Occupation

Color or Race

Date of Death

Reported by

1900

Cause of Death

Certified by

Was a Post-Mortem Made

Filed at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Flora M Bristol*

Age: *21* Years, ..... Months, .... Days. ....

Born in (State or County) *California*

Resident here *21 Years*

Died at *San Francisco*

Single, ~~Married~~ or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation .....

Color or Race (If not white). *White*

Date of Death *April 20<sup>th</sup> 1900*

Reported by *W. A. Watters*

*April 20<sup>th</sup>* ..... 1900

Cause of Death *Subeacutaneous*

Certified by *Dr. Gahan*

Was a Post-Mortem held? *No*

Buried at *San Francisco*

By *McCurry*

TOWN OF LOS GATOS

REPORT OF DEATH

1907

First names of deceased

John A. Smith

Age at death

Place of birth

Married

Wife's name

Place of death

Time of death

Occupation

Color of hair

Color of eyes

Height

100

Color of skin

Complexion

When a Post-mortem held

Buried at

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Hannah Sull*

Age: *66* Years, *4* Months, *9* Days.

Born in (State or County) *England*

Resident here *13* years

Died at *Los Gatos*

~~Single~~, Married or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation *Wife*

Color or Race (If not white) *White*

Date of Death *29 April*

Reported by *her son George*

*April 29th* 190*0*

Cause of Death *Heart failure*

Certified by *Dr. Mace*

Was a Post-Mortem held? *No*

Buried at *Los Gatos*

By *W. A. Motters*

TOWN OF LOS GATOS

REPORT OF DEATH

...

Full name of Deceased

*Martha J. ...*

Age ... Years ... Months ... Days

Born in ... of ...

Resident here ...

Died at ...

Single, Married or Widowed

(Cross out words not reported in this case)

Occupation

Color or Race (if not white)

Date of Death

Reported by

1900

Cause of Death

Certified by

Was a Post-Mortem held

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Margaret Maud Davis

Age: 58 Years, 7 Months, Days

Born in (State or County) England

Resident here Nine Years

Died at Los Gatos

~~Single~~, Married or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation Wife

Color or Race (If not white) White

Date of Death May the eight

Reported by her husband

May 8th 1900

Cause of Death

Certified by H. S. Arguborth

Was a Post-Mortem held? No

Buried at Los Gatos

By H. H. Watter

TOWN OF LOS GATOS

REPORT OF DEATH.

Full name of Deceased.

Age 67 Years 7 Months 1 Day

Resident here 2 1/2 Years

Single, Married or Widowed

Explain words not printed in this line

Occupation

Color or Race (If not white)

Date of Death

Reported by

190

Cause of Death

Certified by

Was a Post-Mortem held

Buried at

by

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Ellen McHenry*

Age: ..... Years, ..... Months, ..... Days. ....

Born in (State or County) *Ireland*

Resident here *Three months*

Died at *Las Gatos*

~~Single~~, Married or Widowed.

(Cross out words not required in this line.)

Occupation *Mother*

Color or Race (If not white) *White*

Date of Death *June 29th*

Reported by *Bro John*

*June 29th* 1900

Cause of Death *Heart failure*

Certified by *Mr. Gaber*

Was a Post-Mortem held? *No*

Buried at *Holy Cross Cemetery*

By *W. H. Watters*

TOWN OF LOS GATOS

REPORT OF DEATH

\*\*\*

Full name of deceased

Age Years Months Days

How in case of death

Residence here

Filed at

State, married or widowed

(Excess not words not required in this line)

Occupation

Color or race (if not white)

Date of death

Reported by

190

Cause of death

Certified by

Was a Post-Mortem held

Filed at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Raymond E. Walsh.

Age: 13 Years, 10 Months, 17 Days.

Born in (State or County) San Francisco.

Resident here 1 month.

Died at Los Gatos

Single, ~~Married~~ or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation Singer

Color or Race (If not white) white.

Date of Death July 1 - 1900

Reported by Mrs. Hubert

July 1 1900

Cause of Death

Certified by Mr. Gohier.

Was a Post-Mortem held? No.

Buried at Vallejo

By W. A. Watters.

TOWN OF LOS GATOS

REPORT OF DEATH

---

Full name of Deceased

Josephine C. Williams

Age 45 years 10 months 15 days

Place of birth or place of residence

Residence here 1 month

Time of last departure

State, district or territory

Examine and certify and register in this town

Occupation

Color or Race (if not white)

Date of Death July 1 - 1900

Reported by Mrs. Williams

July 1 - 1900

Cause of Death

Certified by Dr. J. B. Williams

Was a Post-Mortem held?

Buried at

By W. B. Williams

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Mary A. Thompson

Age: 21.. Years, .. Months, 21.. Days. ....

Born in (State or County) Tulare Co. ....

Resident here ... 8 years, ..

Died at ... Los Gatos

~~Single~~, Married or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation ... Wife

Color or Race (If not white) ... white

Date of Death ... July - 7 - 1900.

Reported by ... Husband

July - 7 - 1900

Cause of Death ... Pulmonary Tuberculosis

Certified by ... Dr. Gaeber

Was a Post-Mortem held? ... No.

Buried at ... Los Gatos

By ... W. A. Watter

TOWN OF LOS CATOS

REPORT OF DEATH

Full name of deceased

Edward A. Thompson

Age 21 years 2 months 21 days

Born in State of California

Resident here 8 years

Died at Los Angeles

Temporarily ill

Enter age, sex, date and place of birth

Occupation Wife

Color or Race White

Date of Death July 7 1907

Reported by Husband

July 7 1907

Cause of Death

Coronary artery

Was a Post-Mortem held

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

George Washington Russell.

Age: 48 Years, . . . . Months, . . . . Days. . . .

Born in (State or County) . . . . Missouri. . . .

Resident here . . . . 5 weeks, . . . .

Died at . . . . Los Gatos . . . .

~~Single~~, Married or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation . . . . Retired . . . .

Color or Race (If not white) . . . . White . . . .

Date of Death . . . . July - 13 - 1900 . . . .

Reported by . . . . .

July - 13 - . . . . 1900

Cause of Death . . . . Pneumonia . . . .

Certified by . . . . Dr. Walker . . . .

Was a Post-Mortem held? . . . . No . . . .

Buried at . . . . Oakland . . . .

By . . . . W. A. Watter . . . .

TOWN OF LOS CAYOS

REPORT OF DEATH

...

Full name of Deceased

James Washington ...

Age ...

Born in ...

Residence ...

Died at ...

Cause of death ...

(If cause of death is not reported in this form)

Occupation ...

Color or Race (If not white)

Date of Death ...

Reported by ...

1900 ...

Cause of Death ...

Certified by ...

Was a Post-Mortem held ...

Buried at ...

...

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Rev. Joseph Vance H. H.

Age: 63 Years, Months, Days.

Born in (State or County) Washington Penn.

Resident here six weeks

Died at Los Gatos

~~Single~~, Married or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation Minister, Res.

Color or Race (If not white) White

Date of Death Aug - 1 - 1900

Reported by Mr. Arguehart.

Aug - 1 - 1900

Cause of Death Pulmonary oedema.

Certified by Mr. Arguehart

Was a Post-Mortem held? Yes.

Buried at Shipfed East

By W. A. Watters.

TOWN OF LOS GATOS

REPORT OF DEATH

---

Full name of Decedent

Harold George Jones, Jr.

Age 42 years - Months 2 - Days

Place of birth or country of birth

Residence at date of death

Died at

Time elapsed from onset of illness

Report not valid unless reported to this office

Occupation

Color or Race (if not white)

Date of Death

Reported by

Signature

Cause of Death

Certified by

Was a Post-Mortem held?

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



*Full name of Deceased,*

Charles Carrol Wheeler.

Age: 66 Years, 2 Months, 7 Days.

Born in (State or County) Maine.

Resident here 10 months.

Died at Los Gatos.

~~Single~~, Married or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation Hotel Keeper.

Color or Race (If not white) White.

Date of Death Aug. 26, 1900.

Reported by his son.

Aug. 26 — 1900

Cause of Death Cerebral Haemorrhage.

Certified by Dr. Urquhart.

Was a Post-Mortem held? No.

Buried at Los Gatos.

By W. A. Watters.

TOWN OF LOS GATOS

REPORT OF DEATH

...

Full name of deceased

Charles Carroll McLaughlin

Age 66 years 8 months 8 days

Place of birth or country: Wisconsin

Resident here 10 years

Died at Los Gatos

Was attended by physician

Explain any words not reported in this form

Occupation Hotel Keeper

Color or Race (if not white) White

Date of birth Aug. 24, 1860

Reported by his son

Chief of Police

Cause of death (if not heart failure)

Continued by the physician

Was a Post-mortem held? Yes

Buried at Los Gatos

by the undertaker

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Mrs. Elizabeth Young.

Age: 84 Years, 9 Months, 5 Days.

Born in (State or County) England

Resident here 11 years.

Died at Los Gatos.

~~Single~~, ~~Married~~ or Widowed.

(Cross out words not required in this line.)

Occupation Widow

Color or Race (If not white) White

Date of Death Sept. 4, 1900

Reported by Robert Loosemore

Sept. 4 1900

Cause of Death Accidental fall.

Certified by Mr. Bishop.

Was a Post-Mortem held? No.

Buried at Las Gatos

By W. A. Watters

TOWN OF LOS GATOS.

REPORT OF DEATH

---

Full name of Deceased,

Mr. Benjamin Young

Age 24 years 9 months 3 days

Born in (State or County) England

Resident here 11 years

Died at Los Gatos

Single, Married or Widowed

(Cross out words not reported in this line.)

Occupation Physician

Color or Race (Use white)

Date of Death Sept. 11, 1900

Reported by Dr. J. L. Moore

Sept. 11, 1900

Cause of Death Accidental fall

Certified by Dr. J. L. Moore

Was a Post-mortem held No

Buried at Los Gatos

By W. C. B. B. B.

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Johanna Margurita Scott.

Age: 21. Years, 7. Months, 8. Days.

Born in (State or County) Scotland.

Resident here 6 years.

Died at Los Gatos.

Single, ~~Married~~ or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation

Color or Race (If not white) white.

Date of Death Sept. 7. 1900.

Reported by Dr. Urquhart.

Sept. 7. to 1900  
Fracture of skull &

Cause of Death haemorrhage from  
left lateral sinus.

Certified by Dr. Urquhart.

Was a Post-Mortem held? yes.

Buried at Los Gatos.

By W. A. Matters.

TOWN OF LOS GATOS

REPORT OF DEATH

\*\*\*

Full name of Deceased

William H. Thompson

Age 51 years, 8 months, 8 days

Born in (State or County) San Francisco

Resident here 6 years

Occupation of Deceased

Single, Single or Widowed

(Leave one word in this line)

Occupation

Color or Race (State name) White

Date of Death Sept. 7, 1900

Reported by Dr. J. H. ...

Sept. 7, 1900

Cause of Death ...

Examiner ...

Witnessed by ...

Was a Post-Mortem held ...

Examiner ...

Witnessed by ...

By ...

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Sarah Ellen Moore

Age: 47 Years, — Months, — Days

Born in (State or County) Penn

Resident here 3 years

Died at Los Gatos

~~Single~~, Married or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation Wife

Color or Race (If not white) White

Date of Death Sept. 26, 1900

Reported by Her husband

Sept - 26 - 1900

Cause of Death Tuberculosis

Certified by Dr. J. Ober

Was a Post-Mortem held? No

Interment ~~Buried at~~ Cypress Lawn

By W. A. Watters

TOWN OF LOS GATOS

REPORT OF DEATH

---

Full name of Deceased

Samuel Elmer Warner

Age 42 Years Sex M. Marital Status Single

Born in State of Oregon

Resident here 3 years

Died at his father's

cause, natural or otherwise

(If cause of death not reported in this line)

Occupation ... Farmer

Color or Race (if not white) ... White

Date of Death Sept. 26, 1907

Reported by the Undertaker

Left - 2 P. M. - 1907

Cause of Death Tuberculosis

Confirmed by the Physician

Was a Post-Mortem held? No

Signed Officer Town

W. A. Walker

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Ruth Brunel

Age: 3 Years, 11 Months, Days

Born in (State or County) Lockeford

Resident here 4 weeks

Died at Los Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Child

Color or Race (If not white) White

Date of Death Oct - 17 - 1900

Reported by Mr. Urganenko

Oct 17 1900

Cause of Death Enteric Colitis

Certified by Mr. Urganenko

Was a Post-Mortem held? No

Buried at Lockeford

By J. H. Watters

TOWN OF LOS GATOS

REPORT OF DEATH

1900

Los Gatos, California

Full Name

Age

Sex

Residence

Occupation

Date of Death

Place of Death

Cause of Death

Time of Death

Reported by

Signature

Printed Name

Address

City

State

County

Filed at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

John Baptist Bonelli

Age: 61 Years, ..... Months, 18 Days. ....

Born in (State or County) ... Italy ...

Resident here ... four years ...

Died at ... Las Gatos ...

Single, ~~Married~~ or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation ... Brother Catholic ...

Color or Race (If not white) ...

Date of Death ... Nov 3rd ...

Reported by ... Brother John  
of Sacred Heart ... 190

Cause of Death ... Valve heart disease ...

Certified by ... R. A. Urgent ...

Was a Post-Mortem held? ... No ...

Buried at ... Santa Clara ...

By ... H. H. Watter ...

TOWN OF LOS GATOS

REPORT OF DEATH

\*\*\*

Full name of Deceased

John Robert Williams

Age 55 Years Months 10 Days

Deceased in State or Foreign

Resident here

Died at Los Gatos

Place, State and County

At home or work and reported on this day

Occupation

Color or Race (if known)

Married

Reported by

of Los Gatos

Cause of Death

Certified by

Was a Post-Mortem held

Result of

by

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Fredrick Lloyd Leonard*

Age: *36* Years, *4* Months, *2* Days . . . .

Born in (State or County) *Canada* . . . .

Resident here *six years* . . . .

Died at *Los Gatos a home* . . . .

~~Single~~, Married or Widowed.

(Cross out words not required in this line.)

Occupation *Merchant* . . . .

Color or Race (If not white) . . . . .

Date of Death *Nov 17th* . . . .

Reported by *M. Osborne* . . . .

*Nov 17th* . . . . 1900

Cause of Death *suicide* . . . .

Certified by *Dr. J. H. Kell* . . . .

Was a Post-Mortem held? *Yes* . . . .

Buried at *Los Gatos* . . . .

By *W. A. Watters* . . . .

TOWN OF LOS ANGELES

REPORT OF DEATH

1891

Full name of deceased

Elizabeth J. Johnson

Age 70 years 4 months 2 days

Place in which deceased

Resident of Los Angeles

Died at Los Angeles

Spouse, married or widowed

Living and words not reported in this report

Occupation

Color or Race (if not white)

Date of Death

Reported by

Physician

Cause of Death

Certified by

Was a Post-Mortem held

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Helen Ruth Brown*

Age: *31* Years, ..... Months, ..... Days. ....

Born in (State or County) *England*

Resident here *twenty five*

Died at *Wrights*

~~Single~~, Married or Widowed.

(Cross out words not required in this line.)

Occupation *Wife*

Color or Race (If not white) .....

Date of Death *Dec 3rd 1900*

Reported by *Frip Matter*

*Wrights Station Dec 3* 1900

Cause of Death *Dysentery*

Certified by .....

Was a Post-Mortem held? *No*

Buried at *Crematorium*

By *Shipped to W.A. Watters*

KNOWN OF LOS ANGELES

RECORD OF DEATH

Full name of Deceased

Age of Deceased

Sex, married or single

Occupation

Color or Race (if not white)

Date of Death

Reported by

Cause of Death

Certified by

Was a Post-Mortem held?

Interment

18

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Fannia Cordelia Olmsted

Age: 64 Years, 2 Months, Days

Born in (State or County) New York

Resident here Seven Years

Died at Las Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Wife & Mother

Color or Race (If not white)

Date of Death Dec 15<sup>th</sup> 1900

Reported by Mr. Cornell

Dec 16<sup>th</sup> 1900

Cause of Death

Certified by H. Gaten

Was a Post-Mortem held? No

Buried at Las Gatos

By W. A. Walters

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of Deceased

Age *44* Years *2* Months *10* Days

Born in *State of New York*

Resident here *10* Years

Died at *Los Gatos*

Single, Married or Widowed *Married*

(Cross out words not required in this case)

Occupation *Life Insurance*

Color or Race *Caucasian*

Date of Death *March 10 1900*

Reported by *Dr. J. H. ...*

*See page*

Cause of Death *...*

Certified by *Dr. J. H. ...*

Was a Post-Mortem held *No*

Buried at *Los Gatos*

By *Dr. J. H. ...*

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



*Full name of Deceased,*

.....

*Age: ..... Years, ..... Months, ..... Days. ....*

*Born in* (State or County) .....

*Resident here* .....

*Died at* .....

*Single, Married or Widowed.*

(Cross out words not required in this line.)

*Occupation* .....

*Color or Race* (If not white) .....

*Date of Death* .....

*Reported by* .....

..... 190

*Cause of Death* .....

*Certified by* .....

*Was a Post-Mortem held?* .....

*Buried at* .....

*By* .....

TOWN OF LOS GATOS

REPORT OF DEATH

1901

Full name of deceased

Age Years Months Days

Born in State or County

Residence here

Died at

Single, Married or Widowed

(Place and words not required in this line)

Occupation

Color or Race (If not white)

Date of Death

Reported by

1901

Cause of Death

Certified by

Was a Post-Mortem held?

Buried in

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Andrew Jackson Sisson

Age: 72 Years, 7 Months, 8 Days

Born in (State or County) New York State

Resident here 4 Years

Died at home in Los Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Retired Foreman

Color or Race (If not white)

Date of Death April 14th

Reported by Mr Malcom

April 14th 1901

Cause of Death Tubercular Laryngitis

Certified by W. G. Gabe

Was a Post-Mortem held? No

Buried at Los Gatos

By H. B. Waters

TOWN OF LOS CAYOS

REPORT OF DEATH

1911

Full name of deceased

Residence

Age

Place of birth

Married

Place of death

Cause of death

Report made by

Signature

Color of hair

Date of death

Reported by

111

Cause of death

Certified by

Place of death

Place of death

111

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Elizabeth Burlin

Age: 75 Years, 4 Months, 17 Days

Born in (State or County) Germany

Resident here 7 Years

Died at Las Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Mother

Color or Race (If not white)

Date of Death April 22 / 1901

Reported by Mr L L Lint

April 22 1901

Cause of Death Valvular disease of heart

Certified by R. H. Arguham

Was a Post-Mortem held? No

Buried at Shipper to Chicago

By H. H. Hatters

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of Deceased

Age, Sex, Year, Month, Day

Place and date of birth

Occupation

Color or Race (if not white)

Date of Death

Reported by

Cause of Death

Confirmed by

Was a Post-Mortem held

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Fred Reif*

Age: *56* Years, ..... Months, ..... Days.

Born in (State or County) *Penn.*

Resident here *30 years*

Died at *Lake Side*

~~Single~~, Married or Widowed.

(Cross out words not required in this line.)

Occupation *Rancher*

Color or Race (If not white). *White*

Date of Death *Dec 12th 1901*

Reported by *Mr. Gillett*

*Dec 12th* ..... 1901

Cause of Death *Pneumonia*

Certified by *W. G. G. G.*

Was a Post-Mortem held? *No*

Buried at *Los Gatos*

By *A. H. Walters*

TOWN OF LOS GATOS

REPORT OF DEATH

...

Full name of Deceased

Age ... Years ... Months ... Days

Born in State or Country

Resident here

Listed at

Single, Married or Widowed

Persons not wanted not reported in this list

Occupation

Color or Race (if not white)

Date of Death

Reported by

...

Cause of Death

Certified by

Was a Post-Mortem held

Interred at

...

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

William Alfred Robertstett

Age: 18 Years, 7 Months, Days

Born in (State or County) California

Resident here 18 years

Died at Los Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Clerk

Color or Race (If not white)

Date of Death Jan 25th

Reported by Mr Baker

Jan 25th 1902

Cause of Death

Certified by

Was a Post-Mortem held?

Buried at

By

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of Deceased

Age . . . Years . . . Months . . . Days

Born in State or County of . . .

Resident here . . .

Died at . . .

Single, Married or Widowed

(Circumstances not reported in this form)

Occupation . . .

Color or Race (if not white)

Date of Death . . .

Reported by . . .

190 . . .

Cause of Death . . .

Certified by . . .

Was a Post-Mortem held

Interred at . . .

by . . .

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Wm Alfred Robenshott*

Age: *18* Years, *7* Months, ..... Days .....

Born in (State or County) *California*

Resident here *18 years*

Died at *Los Gatos*

Single, Married or Widowed. *Single*

(Cross out words not required in this line.)

Occupation *Laborer*

Color or Race (If not white) .....

Date of Death *Jan 25<sup>th</sup>*

Reported by *Mr J Baker*

*Jan 25<sup>th</sup>* ..... 190*9*  
*Nephritis. pericarditis*  
Cause of Death *Valv Disease of heart &c*

Certified by *Mr Argabrant*

Was a Post-Mortem held? *No*

Buried at *Los Gatos*

By *W A Waters*

TOWN OF LOS GATOS

REPORT OF DEATH

First Name of Deceased

Last Name of Deceased

Birth Date

Birth Place

Death Date

Death Place

Time of Death

Cause of Death

Color of Hair

Color of Eyes

Height

Weight

Signature of Deceased

Signature of Physician

Signature of Coroner

Signature of Registrar

Signature of Witness

Signature of Notary

# TOWN OF LOS GATOS.

## REPORT OF DEATH.

Full name of Deceased,

*James E. Graham*

Age: *87* Years, Mos., Days

Born in [State or County.] *England*

Resident here *13 years*

Died at *Los Gatos*

Single, Married or Widowed.

[Cross out words not required in this line.]

Occupation *Soldier*

Color or Race [If not white] *White*

Date of Death *Saturday 8th*

Reported by *his son*

*March the 8th 1890*

Cause of Death *Cancer*

*of the face*

Certified by *Dr. Krumholz*

Medical Attendant.

Was a Post-Mortem held? *No*

Buried at *Los Gatos*

By *W. A. Watters*

Town of Los Gatos.

REPORT OF DEATH.

Full name of Deceased

Age Years Months Days

Residence

Resident here

Occupation

Married or Widowed

(If married, give name and residence of wife.)

Occupation

Color of Hair

Date of Death

Reported by

Signature

Cause of Death

Signature

Certificate

Witness

Signature

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.

Full name of Deceased,

*George Perry*

Age: *80* Years, *4* Mos., Days

Born in [State or County.]

Resident here *11 years*

Died at *Las Gatos*

Single, Married or Widowed.

[Cross out words not required in this line.]

Occupation *Retired*

Color or Race [If not white]

Date of Death *April 14*

Reported by *Mr Johnson*

*April 14* 1902

Cause of Death *Arterio Sclerosis*

*Chronic Bronchitis*

Certified by *R. D. Ungar*  
Medical Attendant.

Was a Post-Mortem held? *no*

Buried at *Las Gatos*

By *W. D. Watten*

TOWN OF LOS CAYOS.

REPORT OF DEATH.

Full name of Deceased.

*George Henry*

Age: 80 Years. *11* Mos. *11* Days

Born in [ ] County [ ]

Resident here *11* years

Died at *11* *11*

Single, Married or Widowed

(If your only words are reported in this line)

Occupation *Retired*

Color or Race [ ]

Date of Death *April 14*

Reported by *Dr. Johnson*

*April 14*

Cause of Death *Active disease*

*Chronic Bronchitis*

Certified by *Dr. Johnson*

(Medical Attendant)

Was a Post-Mortem held? *No*

Buried at *San Jose*

By *W. J. Walker*

# TOWN OF LOS GATOS.

## REPORT OF DEATH.

Full name of Deceased,

*H Hammond Cole*

Age: *37* Years, *3* Mos., *12* Days

Born in [State or County.] *Chelsea Mass*

Resident here *2 months*

Died at *Saratoga*

~~Single~~, Married or Widowed.

[Cross out words not required in this line.]

Occupation *Minister & Missionary*

Color or Race [If not white]

Date of Death *May 27*

Reported by *W B Watson*

*May 27* 189*2*

Cause of Death *Consumption*

Certified by *W B Watson*  
Medical Attendant.

Was a Post-Mortem held? *No*

Buried at *Cypress Lawn*

By *Mr Gray*

*W A Watson Los Gatos*

*Shipped to Oakland*

TOWN OF LOS GATOS

REPORT OF DEATH.

Full name of Deceased.

W. H. Harrison

Age: 72 Years Mos. 12 Days

Born in [State or Country] [County] [Town]

Resident here [Time]

Died at [Place]

Single Married or Widowed  
[It must not be crossed out and reported in this form.]

Occupation [Time]

Color or Race [Time] [White]

Date of Death [Time]

Reported by [Time]

[Time]

Cause of Death [Time]

[Time]

Certified by [Time]

Was a Post-Mortem held?

Buried at [Time]

By [Time]

[Time]

# TOWN OF LOS GATOS.

## REPORT OF DEATH.

Full name of Deceased,

*Fredrick Aldrich*

Age: *79* Years, — Mos., — Days

Born in [State or County.] *Portugal*

Resident here *4 years*

Died at *Private*

Single, Married or Widowed.

[Cross out words not required in this line.]

Occupation *Sailor*

Color or Race [If not white]

Date of Death *Aug 22nd*

Reported by *Bro Manning*

*Aug 22nd 1902*

Cause of Death

Certified by

Medical Attendant.

Was a Post-Mortem held? *no*

Buried at *Los Gatos*

By *W A Walter*

TOWN OF LOS ANGELES

REPORT OF DEATH

Name of Deceased

Age

Sex

Marital Status

Place of Birth

Usual Residence

Single, Married or Widowed

Occupation

Color or Race

Date of Death

Place of Death

Time of Death

Cause of Death

Signature

Witness

Signature

Signature

Signature

Signature

# TOWN OF LOS GATOS.

## REPORT OF DEATH.

Full name of Deceased,

*Fredrick James Merritt*

Age: *38* Years,  Mos.,  Days

Born in [State or County.] *England*

Resident here *4 months*

Died at *Los Gatos*

~~Single~~, Married or Widowed.

[Cross out words not required in this line.]

Occupation *Laborer*

Color or Race [If not white]

Date of Death *August 30/1902*

Reported by *Dr. Seafeld*

*Aug 30th* *1902*

Cause of Death *Pulmonary  
Tuberculosis*

Certified by *H. Bishop*  
Medical Attendant.

Was a Post-Mortem held? *No*

Buried at *Shipped to Chicago*

By *W. H. Mattern*

TOWN OF LOS ANGELES

REPORT OF DEATH.

Full name of Deceased.

Age, *38* Years. *Male* Sex. *White* Race.

Birthplace *California*

Resident here *10* Years.

Died at *Los Angeles*

Single, Married or Widowed?

Occupation *Farmer*

Color or Race *White*

Date of Death *August 30, 1902*

Reported by *Dr. J. B. Smith*

*1902*

Cause of Death *Heart Failure*

*Interment*

Certified by *Dr. J. B. Smith*

*Medical Attendant*

Was a Post-Mortem held?

Buried in *Calverton*

By *W. B. Smith*

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Marguerite Losano

Age: ~~X~~ Years, <sup>6</sup>~~X~~ Months, ~~X~~ Days.

Born in (State or County) California

Resident here 6 months

Died at Las Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Infant

Color or Race (If not white) Spanish

Date of Death Sept 5th

Reported by Victorio Lucero

Sept 5th 190

Cause of Death

Certified by Dr. Knoules

Was a Post-Mortem held? No

Buried at Las Gatos

By W A Walters

TOWN OF LOS GATOS

REPORT OF DEATH

Form No. 1

For use by the Registrar

Name of Deceased

Age at Death

Sex

Date of Death

Place of Death

Signature of Registrar

Occupation

Place of Birth

Marital Status

Signature of Deceased

Signature of Next of Kin

Cause of Death

Signature of Physician

Signature of Coroner

Signature of Burial Officer

Signature of Registrar

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Celia E. Ramazzina*

Age: *3* Years, ..... Months, .... Days. ....

Born in (State or County) *Los Gatos*

Resident here *Three years*

Died at *Saratoga*

Single, Married or Widowed. *Child*

(Cross out words not required in this line.)

Occupation .....

Color or Race (If not white) .....

Date of Death *Sept 27<sup>th</sup> 1901*

Reported by *her father*

*Silvio Ramazzina* 1902

Cause of Death *Appendicitis*

Certified by *W. Bishop*

Was a Post-Mortem held? *No*

Buried at *Saratoga*

By *W. H. W. Stiles*

TOWN OF LOS GATOS

REPORT OF DEATH

...

Full name of Deceased

*John J. Thompson*

Age ... Years ... Months ... Days

Born in (State or County) ...

Resident here ...

Died at ...

Single, Married or Widowed

(Circumstances not required in this form)

Occupation

Color or Race (if not white)

Date of Death

Reported by

190...

Cause of Death

Certified by

Was a Post-Mortem held

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Mary Blythe Smith*

Age *25* Years, ..... Months, ..... Days .....

Born in (State or County) *California* .....

Resident here *25 years* .....

Died at *Home* .....

Single, ~~Married~~ or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation .....

Color or Race (If not white) .....

Date of Death *Oct-16-1902* .....

Reported by *W. Knowles* .....

*Los Gatos* ..... 19*02*

Cause of Death *Tuberculosis* .....

Certified by *W. Knowles* .....

Was a Post-Mortem held? *No* .....

Buried at *Shipped to* .....

*Fresno*  
By *W. A. Watten* .....

TOWN OF LOS CAYOS

REPORT OF DEATH

...

Full name of deceased

Age ... Years ... Months ... Days

Place of birth (State or County)

Resident here ... Years

Place of death

Single, Married or Widowed

Causes and mode of death not reported in this form

Occupation

Color or Race (if not white)

Date of Death

Reported by

1900

Cause of Death

Continued by

Was a Post-Mortem held?

Buried at

...

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Clara Agnes Penny

Age: 19 Years, 6 Months, Days

Born in (State or County) New York

Resident here twelve years

Died at Las Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation School girl

Color or Race (If not white)

Date of Death Oct-29th 1902

Reported by Mrs. Herrickson

Oct-29th 1902

Cause of Death Tuberculosis

Certified by Mr. Goble

Was a Post-Mortem held? No

Buried at Las Gatos

By W. A. Waller

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of Deceased

Charles Lewis Brown

Age 45 Years Sex Male

Place of Birth (State or Country)

Resident here (State or Country)

Died at Los Gatos

Place, Hospital or Physician

(From our records not reported in this year)

Occupation

Color or Race (If not white)

Date of Death

Reported by

Oct 27 1902

Cause of Death

Certified by

Was a Post-Mortem Made?

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Alonso J. Davis*

Age: *18* Years, ..... Months, ..... Days. ....

Born in (State or County),

*Maine*

Resident here

*Shipped from Yuba City*

Died at

*Los Angeles*

~~Single~~, ~~Married~~ or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation .....

Color or Race (If not white) .....

Date of Death

*Oct. 1897*

Reported by

*his mother*  
*Shipped from*

*Yuba City*

190

Cause of Death

*Consumption*

Certified by

*Board of Health*

Was a Post-Mortem held?

*No*

Buried at

*Los Angeles*

By

*W. H. Watters*

TOWN OF LOS GATOS

REPORT OF DEATH

1900

Full name of deceased

Age

Sex

Place of birth

Residence

Time of death

Place of death

Cause of death

Occupation

Time of death

Place of death

Reported by

1900

Cause of death

Reported by

Place of death

Reported by

1900

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Addison F Fletcher

Age: 66 Years, Months, Days.

Born in (State or County) Vermont

Resident here a Visitor

Died at Las Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Retired

Color or Race (If not white).

Date of Death July 4th 1903

Reported by Mr Gaber

July 10th 1903

Cause of Death

Certified by Mr Gaber

Was a Post-Mortem held? No

Buried at Las Gatos

By W A Watters

CHURN OF LOS ANGELES

REPORT OF DEATH

Full name of Deceased

Age Years Months Days

Place of Birth

Resident here

Died at

Single Married or Widowed

Where and when reported to this office

Occupation

Color or Race

Date of Death

Reported by

Signature

Cause of Death

Certified by

Was a Post-Mortem held

Filed at

Signature

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Jessie Stewart Briggs

Age: 71 Years, 5 Months, Days

Born in (State or County) N.Y. State

Resident here 20 years

Died at Las Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Wife & mother

Color or Race (If not white)

Date of Death Feb 12th 1903

Reported by Dr. Coleman

Feb 12th 1903

Cause of Death Apoplexy

Certified by H. S. Bishop

Was a Post-Mortem held? No

Buried at Las Gatos

By W. B. Watters

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of Deceased

Age . . . Years . . . Months . . . Days

Place of Birth (State or County)

Resident here . . .

Died at . . .

Single, Married or Widowed

(Given and wanted not required in this line)

Occupation . . .

Color or Race (If not white)

Date of Death . . .

Reported by . . .

100

Cause of Death . . .

Certified by . . .

Was a Post-Mortem held?

Filed at . . .

By . . .

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Russell A. Human

Age: 75 Years, Months, Days

Born in (State or County) Genesee Co. N. York

Resident here 20 Years

Died at Los Gatos

~~Single~~, Married or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation Farmer

Color or Race (If not white)

Date of Death March 12th 1903

Reported by Mr. Goben

March 1903

Cause of Death Disease of heart

Certified by Mr. Goben

Was a Post-Mortem held? No

Buried at Shipped to Marshall Michigan  
By W. A. Watters

TOWN OF LOS GATOS

REPORT OF DEATH

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

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# TOWN OF LOS GATOS.

## REPORT OF DEATH.



*Full name of Deceased,*

*Russell W. Hinman*

*Age: 75 Years, Months, Days.*

*Born in (State or County)*

*Resident here*

*Died at*

*Single, Married or Widowed.*

(Cross out words not required in this line.)

*Occupation*

*Color or Race (If not white)*

*Date of Death*

*Reported by*

..... 190

*Cause of Death*

*Certified by*

*Was a Post-Mortem held?*

*Buried at*

*By*

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of deceased

Age . . . . . Years . . . . . Months . . . . . Days

Born in . . . . . State or Country

Resident here . . . . .

Died at . . . . .

Single, Married or Widowed

If one or more words not reported in this form

Occupation . . . . .

Color or Race (if not white)

Date of Death . . . . .

Reported by . . . . .

Cause of Death . . . . .

Certified by . . . . .

Was a Post-Mortem held? . . . . .

Buried at . . . . .

By . . . . .

*Handwritten signature*

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Ruth Ziegler

Age: 25 Years, Months, Days.

Born in (State or County)

Minnesota

Resident here

5 Weeks

Died at

Saratoga

Single, Married or Widowed.

Single

(Cross out words not required in this line.)

Occupation

Teacher

Color or Race (If not white).

Date of Death

Mar 23rd

Reported by

Mr. Storvick

Mar 24th 1903

Cause of Death

Drowning

Certified by

Coroner Kell

Was a Post-Mortem held?

August

Buried at

Minneapolis

By

Dr. P. M. Hall

TOWN OF LOS GATOS.

REPORT OF DEATH

Full name of Deceased

Paul J. Jorgensen

Age 62 Years

Married

Sex

Born in (State or County)

Resident here 2 Weeks

Died at 2 weeks

Single, Married or Widowed

(Do not write not reported in this line)

Occupation

Color or Race (if not white)

Date of Death

Reported by

190

Cause of Death

Certified by

Was a Post-Mortem held

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Infant of Arthur Wm  
still born Edwards*

Age: *X* Years, *X* Months, *X* Days

Born in (State or County) *Arizona*

Resident here

Died at *Still born*

*X* Single, *X* Married or *X* Widowed.

(Cross out words not required in this line.)

Occupation

Color or Race (If not white) *White*

Date of Death

Reported by

190

Cause of Death

Certified by

Was a Post-Mortem held?

Buried at *Laos*

By

TOWNHOBBS ASSOCIATES

REPORT OF DEATH

Full name of deceased

Age ☒ Year ☒ Month ☒ Day

Place of birth (State or County) and Country

Resident here

Died at

Single, married or widowed

Place of death and reported in this form

Occupation

Color of hair (black, white, etc.)

Date of death

Reported by

Cause of death

Certified by

Was a Post-Mortem held?

Time of death

1917

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Elizabeth Sanborn*

Age: ~~XX~~ Years, *7* Months, . . . Days. . . .

Born in (State or County) *San Francisco*

Resident here *his weeks*

Died at *Las Gatos*

Single, ~~Married~~ or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation . . . . .

Color or Race (If not white) . . . . .

Date of Death *May 17th*

Reported by *Mr. Guber*

*May 17th* 190 *3*

Cause of Death *Tubercular Meningitis*

Certified by *Mr. Guber*

Was a Post-Mortem held? *No*

Buried at *Shipped to Oakland*

By *W A Waters*

TOWN OF LOS GATOS

REPORT OF DEATH

1. Name of deceased  
2. Age  
3. Sex  
4. Color  
5. Date of death  
6. Place of death  
7. Cause of death  
8. Name of physician  
9. Name of undertaker  
10. Name of funeral home  
11. Name of cemetery  
12. Name of church  
13. Name of minister  
14. Name of sexton  
15. Name of gravedigger  
16. Name of sexton  
17. Name of gravedigger  
18. Name of sexton  
19. Name of gravedigger  
20. Name of sexton  
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95. Name of gravedigger  
96. Name of sexton  
97. Name of gravedigger  
98. Name of sexton  
99. Name of gravedigger  
100. Name of sexton

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Samuel Y. Thomas

Age: 34 Years, Months, Days

Born in (State or County) California

Resident here

Died at Los Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Livery man  
Hawabuku

Color or Race (If not white)

Date of Death April 23rd

Reported by Mr Morgan

April 23 P M 1903

Cause of Death Consumption

Certified by H. G. Gater

Was a Post-Mortem held? No

Buried at Hayward

By Gerry & Grinnell

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of Deceased

Age Years Months Days

Resident here

Single, Married or Widowed

Place and date of birth

Occupation

Color or Race (If not white)

Date of Death

Reported by

Cause of Death

Certified by

Was a Post-Mortem held?

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Elyahitt Sanford*

Age: ..... Years, *8* Months, ..... Days .....

Born in (State or County) *Calif* .....

Resident here *8 months* .....

Died at *Los Gatos* .....

~~Single~~, Married or Widowed.

(Cross out words not required in this line.)

Occupation *Child* .....

Color or Race (If not white) .....

Date of Death .....

Reported by *W. G. Gohm* .....

..... 190

Cause of Death *Laryngitis* .....

Certified by *W. G. Gohm* .....

Was a Post-Mortem held? *No* .....

Buried at *Blair* .....

By *W. A. Matter* .....

TOWN OF LOS GATOS.

REPORT OF DEATH.

...

Full name of deceased.

Age ... Years ... Months ... Days

Born in (State or County) ...

Resident here ...

Died at ...

Single, Married or Widowed.

(Cross out words not reported in this line.)

Occupation ...

Color or Race (if not white) ...

Date of Death ...

Reported by ...

100

Cause of Death ...

Certified by ...

Was a Post-Mortem held? ...

Buried at ...

By ...

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

J. H. Couch

Age: 36 Years, ..... Months, ..... Days .....

Born in (State or County) England

Resident here 10 years

Died at Suicide by

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Woodworker

Color or Race (If not white) .....

Date of Death June 11<sup>th</sup> 1903

Reported by Coroner

Ward June 11<sup>th</sup> 1903

Cause of Death Cut his throat

with razor

Certified by Coroner Ward

Was a Post-Mortem held? Inquest

Buried at Los Gatos

By W. A. W. etters

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of Deceased

Age . . . Years . . . Months . . . Days

Born in town or foreign . . .

Resident here . . .

Died at . . .

Single, Married or Widowed

(Cross out words not reported in this line)

Occupation . . .

Color or Race (if not white)

Date of Death . . .

Reported by . . .

190

Cause of Death . . .

Certified by . . .

Was a Post-Mortem held

Buried at . . .

By . . .

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*John Pereira*

Age: *23* Years, ..... Months, ..... Days. ....

Born in (State or County) *Calif.*

Resident here *23 years*

Died at *Los Gatos*

*Inventive Sacred Heart*

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation *Student*

Color or Race (If not white) .....

Date of Death *August-17th*

Reported by *Letter Miller*

*August-17th* 190*3*

Cause of Death *Consumption*

Certified by *Engelhart*

Was a Post-Mortem held? *No*

Buried at *Santa Clara*

By *H. A. Watters*

TO THE HONORABLE MEMBERS OF THE HOUSE OF REPRESENTATIVES

IN SENATE

1877

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

AT ITS SESSION ON FEBRUARY 2, 1877

AND BY THE HOUSE OF REPRESENTATIVES

AT ITS SESSION ON MARCH 1, 1877

AND BY THE SENATE

AT ITS SESSION ON MARCH 1, 1877

AND BY THE HOUSE OF REPRESENTATIVES

AT ITS SESSION ON MARCH 1, 1877

AND BY THE SENATE

AT ITS SESSION ON MARCH 1, 1877

AND BY THE HOUSE OF REPRESENTATIVES

AT ITS SESSION ON MARCH 1, 1877

AND BY THE SENATE

AT ITS SESSION ON MARCH 1, 1877

AND BY THE HOUSE OF REPRESENTATIVES

AT ITS SESSION ON MARCH 1, 1877

AND BY THE SENATE

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Enragiano Nino*  
*Nino*

Age: *36* Years, ..... Months, ..... Days. ....

Born in (State or County) *Concho* *Tex*

Resident here *25* Years

Died at *Los Gatos*

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation *Ranchman*

Color or Race (If not white) .....

Date of Death *Aug 18<sup>th</sup>*

Reported by *Mr. Knowles*

*Aug 17<sup>th</sup>* 1903

Cause of Death *Bright disease*

Certified by *Mr. Knowles*

Was a Post-Mortem held? *No*

Buried at *Los Gatos*

By *W. D. Walter*

TOWN OF LOS GATOS

REPORT OF DEATH

1900

Full name of deceased

James H. H. H.

Age at death

How long in town or county

Residence at death

Date of death

Place of death

Place of burial

Occupation

Color or race

Date of birth

Reported by

1900

Cause of death

Entered by

Was a Post-Mortem held?

Entered at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



**Full name of Deceased,**

.....

**Age: ..... Years, ..... Months, ..... Days. ....**

**Born in** (State or County) .....

**Resident here** .....

**Died at** .....

**Single, Married or Widowed.**

(Cross out words not required in this line.)

**Occupation** .....

**Color or Race** (If not white) .....

**Date of Death** .....

**Reported by** .....

.....190

**Cause of Death** .....

**Certified by** .....

**Was a Post-Mortem held?** .....

**Buried at** .....

**By** .....

TOWN OF LOS ANGELES

REPORT OF DEATH

Name of deceased

Age of deceased

Sex of deceased

Place of birth

Married

Profession

Place of death

Time of death

Cause of death

Signature of physician

Date of death

Reported by

*John A. Smith*

Witness of death

County of death

It was a Post-mortem body

Examiner

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Helena Brunsell*

Age: *62* Years, *3* Months, *26* Days.

Born in (State or County) *Austria*

Resident here *21 years*

Died at *Los Gatos*

~~Single~~, Married or Widowed.

(Cross out words not required in this line.)

Occupation *Wife*

Color or Race (If not white)

Date of Death *Sept. 10th*

Reported by *her son Albert*

*Sept. 10th* 190*3*

Cause of Death *stomach Cancer*

Certified by *Dr. Hayward*

Was a Post-Mortem held? *No*

Buried at *Los Gatos*

By *H. A. Watters*

TOWN OF LOS ANGELES

REPORT OF THE

Full name of deceased

Age of deceased

Place of birth

Married

Place of residence

Single, married or widowed

Time of death

Occupation

Color or Race (if not white)

Date of death

Reported by

1910

Cause of death

Certified by

Was a Post-Mortem held

Remarks

Box

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*C. H. Jeffs*

Age: *70* Years, . . . Months, . . . Days . . .

Born in (State or County) *Vermont*

Resident here *20 years*

Died at *Lakeside*

~~Single~~, Married or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation *Farmer*

Color or Race (If not white) . . . . .

Date of Death *24th Sept 1903*

Reported by *his son Jacob*

*Sept. 24th* 190*3*

Cause of Death *Chronic Tubercular  
Nephritis*

Certified by *H. S. Gaten*

Was a Post-Mortem held? *No*

Buried at *Saratoga*

By *W. A. Watters*

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of deceased

W. J. ...

Age ... Months ...

Place of birth ...

Resident here ...

Married at ...

Spouse married to ...

Known and known and reported in this town

Occupation ...

Color or Race (if not white)

Date of Death ...

Reported by ...

Signature ...

Cause of Death ...

Certified by ...

This is a true and correct copy

Signature ...

Signature ...

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Harry B Edwards*

Age: *43* Years, *3* Months,  Days

Born in (State or County) *Australia*

Resident here *18 years*

Died at *his home*

*Single*, Married or Widowed.

(Cross out words not required in this line.)

Occupation *Merchant*

Color or Race (If not white)

Date of Death *Oct*

Reported by *his son Ray*

*Oct. 15* 190*9*

Cause of Death *Hemorrhage at*  
*infolding vein*

Certified by *W. B. Gaher*

Was a Post-Mortem held? *Yes*

Buried at *Cypress Lawn*

By *W. B. Watts*

TOWN OF LOS GATOS

REPORT OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

OCCUPATION

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Harry B Edwards

Age: 43 Years, 3 Months, Days

Born in (State or County) Australia

Resident here 18 Years

Died at his home Los Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Merchant

Color or Race (If not white).

Date of Death Oct - 15<sup>th</sup> 1903

Reported by his son Ray

Oct - 15<sup>th</sup> 1903

Cause of Death Suicide by

Certified by H. S. Gahen

Was a Post-Mortem held? Yes

Buried at Cypress Lawn

By J. A. Waters

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of Deceased

Age

Place of Birth

Residence at time of death

Died at

Single, Married or Widowed

Occupation

Color or Race

Date of Death

Reported by

Cause of Death

Certified by

Was a Post-Mortem held?

Entered at

by

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*John Wheeler*

Age: *46* Years, ..... Months, .... Days .....

Born in (State or County) *Ohio* .....

Resident here *16 years* .....

Died at *Los Gatos* .....

*Single*, Married or Widowed.

(Cross out words not required in this line.)

Occupation *Wife* .....

Color or Race (If not white) .....

Date of Death *Oct- 18<sup>th</sup>* .....

Reported by *W. G. Gahen* .....

*Oct- 18<sup>th</sup>* .....

Cause of Death *Living* .....

Certified by *W. G. Gahen* .....

Was a Post-Mortem held? *Yes* .....

Buried at *Los Gatos* .....

By *W. A. Watters* .....

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of Deceased

Age  Sex  Marital Status

Place of Birth (State or Country)

Resident here

Died at

Single, Married or Widowed

(Cause and mode of death not required in this form.)

Occupation

Color or Race (If not white)

Date of Death

Reported by

Cause of Death

Certified by

Was a Post-Mortem held?

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Ellen Maria Lyick

Age: 38 Years, Months, Days.

Born in (State or County) Virginia City, Nev. California

Resident here 4 years

Died at Las Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation ~~Artist~~

Color or Race (If not white)

Date of Death 23rd Oct.

Reported by Mr. Johnsons

Oct-23rd 1903

Cause of Death Pulmonary Nephritis

Certified by H. S. Gabor

Was a Post-Mortem held? No

Buried at Holy Cross C. F.

By H. H. Whittus

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of Deceased

Age Years Months Days

Born in State or Country

Resident here

Died at

Single Married or Widowed

(Cross out words not required in this line)

Occupation

Color or Race (If not white)

Date of Death

Reported by

190

Cause of Death

Certified by

Was a Post-mortem held?

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Rebecca Christine Lund*

Age: *38* Years, *9* Months, .... Days.

Born in (State or County) *Hennepin*

Resident here *Three years*

Died at *Lakeview*

*Single*, Married or Widowed.

(Cross out words not required in this line.)

Occupation *Wife*

Color or Race (If not white) .....

Date of Death *Nov 15<sup>th</sup> 1903*

Reported by *Mr Lund*

*her husband Nov 15 1903*

Cause of Death *Tuberculosis*

Certified by *W. G. Cohen*

Was a Post-Mortem held? *No*

Buried at *Las Gatos*

By *M. B. Witter*

TOWN OF LOS GATOS

REPORT OF DEATH

Name of Deceased

Date of Death

Place of Death

Age at Death

Sex

Marital Status

Occupation

Education

Place of Birth

Date of Birth

Parents

180

Cause of Death

Certified by

Physician

Filed at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



*Full name of Deceased,*

.....

*Age: ..... Years, ..... Months, ..... Days. ....*

*Born in* (State or County) .....

*Resident here* .....

*Died at* .....

*Single, Married or Widowed.*

(Cross out words not required in this line.)

*Occupation* .....

*Color or Race* (If not white) .....

*Date of Death* .....

*Reported by* .....

..... 190

*Cause of Death* .....

*Certified by* .....

*Was a Post-Mortem held?* .....

*Buried at* .....

*By* .....

TOWN OF LOS GATOS

REPORT OF DEATH



Full name of deceased

Age ..... Years ..... Months ..... Days

Born in (State or Country)

Resident here

Died at

Single, Married or Widowed

(If deceased under 18 years of age, give date of birth)

Occupation

Color or Race (if not white)

Date of Death

Reported by

190

Cause of Death

Certified by

Was a Post-Mortem held?

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



*Full name of Deceased,*

.....

*Age: ..... Years, ..... Months, ..... Days. ....*

*Born in* (State or County) .....

*Resident here* .....

*Died at* .....

*Single, Married or Widowed.*

(Cross out words not required in this line.)

*Occupation* .....

*Color or Race* (If not white) .....

*Date of Death* .....

*Reported by* .....

..... 190

*Cause of Death* .....

*Certified by* .....

*Was a Post-Mortem held?* .....

*Buried at* .....

*By* .....

TOWN OF LOS GATOS.

REPORT OF DEATH.



Full name of deceased.

Age ..... Years ..... Months ..... Days .....

Born in (state or country) .....

Resident here .....

Died at .....

Single, married or widowed.

(Given and words not repeated in this line.)

Occupation .....

Color or Race (if not white) .....

Date of Death .....

Reported by .....

190 .....

Cause of Death .....

Certified by .....

Was a Post-Mortem held? .....

Buried at .....

By .....

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



*Full name of Deceased,*

.....

*Age: ..... Years, ..... Months, ..... Days. ....*

*Born in* (State or County) .....

*Resident here* .....

*Died at* .....

*Single, Married or Widowed.*

(Cross out words not required in this line.)

*Occupation* .....

*Color or Race* (If not white) .....

*Date of Death* .....

*Reported by* .....

..... 190

*Cause of Death* .....

*Certified by* .....

*Was a Post-Mortem held?* .....

*Buried at* .....

*By* .....

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of deceased

Age of deceased

Place of birth

Residence

Sex

State, as shown on license

Occupation

Place of death

Time of death

Signature of

1901

County of Santa Clara

Witnessed by

Notary Public in and for the State of California

Notary at

1901

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



*Full name of Deceased,*

.....

*Age: ..... Years, ..... Months, ..... Days. ....*

*Born in* (State or County).....

*Resident here*.....

*Died at*.....

*Single, Married or Widowed.*

(Cross out words not required in this line.)

*Occupation*.....

*Color or Race* (If not white).....

*Date of Death*.....

*Reported by*.....

..... 190

*Cause of Death*.....

*Certified by*.....

*Was a Post-Mortem held?*.....

*Buried at*.....

*By*.....

TOWN OF LOS GATOS

REPORT OF DEATH

190

Full name of deceased

Age Years Months Days

Place of birth

Residence

Died at

Single, Married or Widowed

(Given and written not required in this line)

Occupation

Color of hair

Color of eyes

Reported by

190

Cause of death

Certified by

Was a post-mortem held

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.

Full name of Deceased,

Edwin Hopper

Age: 13 Years, 4 Months, 2 Days

Born in (State or County) California

Resident here 3 years

Died at his home Market St

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Schoolboy

Color or Race (If not white)

Date of Death Dec 2nd

Reported by Mr Hopper

Dec 2nd 1903

Cause of Death Diphtheria

Certified by Dr Knowles

Was a Post-Mortem held? No

Buried at Shipped to Ukiah

By R A Watter Mountain View

Oakland Cal

TOWN OF LOS ANGELES

REPORT OF DEATH

Full name of deceased

William H. Hopper

Age 19 years 7 months 2 days

Home in care of family

Resident here 2 years

Place of birth

Single, married or widowed

(Cross out words not required in this line)

Occupation

Color of hair (if not white)

Date of death

Reported by

120

Cause of death

Confirmed by

Was a Post-Mortem held

Place of burial

Interment

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



*Full name of Deceased,*

.....

*Age: ..... Years, ..... Months, ..... Days. ....*

*Born in* (State or County).....

*Resident here*.....

*Died at*.....

*Single, Married or Widowed.*

(Cross out words not required in this line.)

*Occupation*.....

*Color or Race* (If not white).....

*Date of Death*.....

*Reported by*.....

.....190

*Cause of Death*.....

*Certified by*.....

*Was a Post-Mortem held?*.....

*Buried at*.....

*By*.....

TOWN OF LOS GATOS

REPORT OF DEATH

1. Name of deceased

2. Age at death

3. Sex

4. Date of death

5. Place of death

6. Cause of death

7. Name of physician

8. Name of informant

9. Date of report

10. Signature

11. Printed name

12. Date of birth

13. Place of birth

14. Occupation

15. Name of hospital

16. Name of nurse

17. Name of doctor

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Elizabeth French

Age: 20 Years, Months, Days

Born in (State or County) Germany

Resident here 6 months

Died at Los Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Wife

Color or Race (If not white)

Date of Death Dec 15<sup>th</sup>

Reported by H. G. Gaper

Dec 15<sup>th</sup> 1903

Cause of Death Consumption

Certified by H. G. Gaper

Was a Post-Mortem held? No

Buried at Mount View

By W. H. Watter

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of Deceased

*Elizabeth J. Smith*

Age *20* Years Months *10* Days

Born in State of *California*

Resident here *10* Months

Died at *Los Gatos*

Single, Married or Widowed *Single*

(Cross out words not printed in this line)

Occupation *Student*

Color or Race (if not white)

Date of Death *March 10, 1907*

Reported by *Dr. J. H. Smith*

*March 10, 1907*

Cause of Death *Scarlet fever*

Certified by *Dr. J. H. Smith*

Was a Post-Mortem held? *No*

Buried at *Los Gatos*

By *Dr. J. H. Smith*

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



*Full name of Deceased,*

*Age: ..... Years, ..... Months, ..... Days. ....*

*Born in* (State or County) .....

*Resident here* .....

*Died at* .....

*Single, Married or Widowed.*

(Cross out words not required in this line.)

*Occupation* .....

*Color or Race* (If not white) .....

*Date of Death* .....

*Reported by* .....

..... 190

*Cause of Death* .....

*Certified by* .....

*Was a Post-Mortem held?* .....

*Buried at* .....

*By* .....

TOWN OF LOS GATOS.

REPORT OF DEATH.

Full name of deceased,

Age, Sex, Marital Status,

Born in State or County,

Resident here,

Died at,

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation,

Color or Race (if not white)

Date of Death,

Reported by,

1890

Cause of Death,

Certified by,

Was a Post-Mortem held?

Buried at,

By,

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*James Morshead*

Age: *73* Years, *3* Months, *22* Days.

Born in (State or County) *England*

Resident here *50 years*

Died at *his home*

*Single*, Married or *Widowed*.

(Cross out words not required in this line.)

Occupation *Capitalist*

Color or Race (If not white) .....

Date of Death *Dec 28<sup>th</sup> 1903*

Reported by *Mr. Lint*

*Dec. 28<sup>th</sup>* 1903

Cause of Death *Valvular <sup>heart</sup> disease*

Certified by *Dr. W. A. Watter*

Was a Post-Mortem held? *No*

Buried at *Los Gatos*

By *W. A. Watter*



# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

George Morris

Age: 55 Years, 6 Months, Days

Born in (State or County)

Basin

Resident here

Died at

San Jose  
Hospital Los Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation

Color or Race (If not white)

Date of Death

July

Reported by

Rev. John Miller

July

1904

Cause of Death

Certified by

Was a Post-Mortem held?

No

Buried at

Santa Clara

By

TOWN OF LOS GATOS.

REPORT OF DEATH.

Full name of Deceased.

Age . . . Years . . . Months . . . Days . . .

Born in . . . State or County . . .

Resident here . . .

Died at . . .

Single, Married or Widowed.

From our words and reports in this time.

Occupation . . .

Color or Race (if not white)

Date of Death . . .

Reported by . . .

180

Cause of Death . . .

Certified by . . .

Was a Post-Mortem held? . . .

Buried at . . .

By . . .

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*George Morris*

Age: *33* Years, *6* Months, Days

Born in (State or County) *Boston*

Resident here

Died at *Innitate Sacred heart*

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation *Brother Industrial*

Color or Race (If not white)

Date of Death *Feb 10th 1904*

Reported by *Rev Miller*

*Feb 10th* 1904

Cause of Death

Certified by *H. Regent*

Was a Post-Mortem held? *No*

Buried at *St. Clara*

By *W. A. W. attn*

TOWN OF LOS GATOS.

REPORT OF DEATH

...

Full name of deceased,

*George Harris*

Age *54* Years, *6* Months, *10* Days

Born in *State of Pennsylvania*

Resident here

Died at *Los Gatos*

Style, married or Widowed

(Cross out words not required in this line.)

Occupation *Bookkeeper*

Color or Race (if not white)

Date of Death *July 10 1902*

Reported by *Dr. J. H. ...*

1902

Cause of Death

Certified by *Dr. J. H. ...*

Was a Post-Natal death

Buried at *St. Mary's*

By *W. A. ...*

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*John Linder*

Age: ..... Years, ..... Months, ..... Days. ....

Born in (State or County) .....

Resident here .....

Died at *Hospice* .....

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation *Indigent* .....

Color or Race (If not white) .....

Date of Death *April 3rd* .....

Reported by *Mrs. Yocco* .....

*April 3rd* ..... 190*4*

Cause of Death .....

Certified by .....

Was a Post-Mortem held? .....

Buried at *Los Gatos* .....

By *W. R. Watters* .....

TOWN OF LOS GATOS.

REPORT OF DEATH.

Full name of Deceased

Age Years Months Days

Born in State or County

Resident here

Single, Married or Widowed

Occupation

Color or Race (If not white)

Date of Death

Reported by

Cause of Death

Certified by

Was a Post-Mortem held

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Maggie Corrington

Age: 35 Years, Months, Days.

Born in (State or County) Indiana

Resident here 14 months

Died at Las Gatos

~~Single~~, Married or Widowed.

(Cross out words not required in this line.)

Occupation Wife

Color or Race (If not white)

Date of Death Feb 13th

Reported by her husband

Feb 13th 1904

Cause of Death tuberculosis

Certified by W. H. B. Beattie  
St. Clara

Was a Post-Mortem held? No

Buried at Las Gatos

By W. A. Walter

TOWN OF LOS CATOS

REPORT OF DEATH

*[Faint, illegible text and markings, possibly bleed-through from the reverse side of the page.]*

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Marie T. Rasmussen*

Age: *58* Years, *11* Months, *14* Days.

Born in (State or County) *Norway*

Resident here *33* years

Died at *San Jose*

~~Single~~, Married or Widowed.

(Cross out words not required in this line.)

Occupation *Maatzen*

Color or Race (If not white)

Date of Death *Feb 28th*

Reported by *her husband*

*Feb 28th* 1904

Cause of Death *Cerebral pneumonia  
& dyspnoea*

Certified by *Dr. L. J. Belknap*

Was a Post-Mortem held? *No*

Buried at *Los Gatos*

By *Chas. H. Watter*

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of deceased

Marion J. Patterson

Age 58 Years 11 Months 17 Days

Born in ...

Resident here 23 years

Died at ...

Physician attended or Witnessed

(City and county not required in this form)

Occupation

Color or Race (If not white)

Date of Death July 25th

Reported by ...

July 25th

1907

Cause of Death ...

Certified by ...

...

Was a Post-mortem held?

...

...

By ...

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Gertrude Downing*

Age: *1* Years, *3* Months, *17* Days.

Born in (State or County) *California*

Resident here

Died at *her home*

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation

Color or Race (If not white)

Date of Death *Mar 29th*

Reported by *her father*

*March 29th* 190*4*

Cause of Death *Measles*

Certified by

Was a Post-Mortem held? *No*

Buried at *Los Gatos*

By *W. S. Watters*

TOWN OF LOS CATOS

REPORT OF DEATH

Full name of Deceased,

*Richard Henry*

Age, *1* Year, *2* Months, *1* Day

Born in State or Country, *California*

Resident here

Died at *San Francisco*

Single, Married or Widowed

(If not out words not required in this line)

Occupation

Color or Race (If not white)

Date of Death *Jan 24*

Reported by *Dr. J. H. Smith*

Cause of Death *Pneumonia*

Certified by

Was a Post-Mortem held?

Buried at *San Francisco*

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Bessie Field Cooper

Age: 24 Years, . . . . . Months, . . . . . Days. . . . .

Born in (State or County) Washington

Resident here 9 1/2 Years

Died at her home Los Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Librarian

Color or Race (If not white) . . . . .

Date of Death March 31st

Reported by her father

March 31st 1904

Cause of Death Acute Diabetes

Certified by H. S. Knowles

Was a Post-Mortem held? No

Buried at Los Gatos

By W. A. Watters

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of deceased

Age, Years Months Days

Place of birth (State or Country)

Resident here

Died at

Single, Married or Widowed

Occupation

Color or Race (If non-white)

Date of Death

Reported by

Signature

Cause of Death

Certified by

Was a Post-Mortem held

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Mary M. Keene

Age: 52 Years, Months, Days

Born in (State or County) Maine

Resident here 1 year

Died at Los Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Nurse

Color or Race (If not white)

Date of Death Sunday April 3

Reported by Mr. Johns

Sunday April 3 1904

Cause of Death

Certified by Dr. Arguebort

Was a Post-Mortem held? No

Buried at Los Gatos

By W. A. Matter



# TOWN OF LOS GATOS.

## REPORT OF DEATH.

Full name of Deceased,

Los Gatos, Cal.

1904

Name

Age

Place of Death

Place of Birth

Date of Death

Married, Single, Widow

Cause of Death

Attending Physician or Coroner

To

S. Grant Moore, M. D.

Date of Death

Reported by

Cause of Death

Certified by

Was a Post-Mortem held?

Buried at

By

TOWN OF LOS GATOS

REPORT OF DEATH

Los Gatos, Cal. April 24 1904

Name George H. Harrison

Age 82 years 2m 14d

Place of Death California

Place of Birth Pennsylvania

Date of Death April 22

Married Single, Widow

Cause of Death Cancer

Attending Physician or Coroner

Dr. J. H. Baker

To Robert Harrison

S. Grant Moore, M. D.

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Mary A. Haines*

Age: *86* Years, *5* Months, *1* Days

Born in (State or County) *Maine*

Resident here *1 year*

Died at *Albany*

~~Single~~, Married or Widowed.

(Cross out words not required in this line.)

Occupation *Wife & Mother*

Color or Race (If not white)

Date of Death *April 26*

Reported by *W. J. Galland*

*April 26<sup>th</sup>* 190*4*

Cause of Death

Certified by

Was a Post-Mortem held? *No*

Buried at

By *W. B. Watters*

TOWN OF LOS CATOS

REPORT OF DEATH

1900

1900

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1900

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Chas Hoge

Age: 17 Years, Months, Days

Born in (State or County) Nebraska

Resident here

Died at Los Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Electrician

Color or Race (If not white)

Date of Death April 27th

Reported by Jm Wheeler

April 27th 1904

Cause of Death Acute Pulmonary

Certified by Dr. G. A. H. H.

Was a Post-Mortem held? No

Buried at Los Gatos

By W. E. H. H.

TOWN OF LOS CAYOS

REPORT OF DEATH

Full name of Deceased

John H. Hager

Age ... Years ... Months ... Days

John H. Hager

Place of Birth

Resident here

Died at ...

Single, Married or Widowed

(Cross out words not required in this case)

Occupation

Color or Race (If not white)

Date of Death

April 10, 1907

Reported by

John H. Hager

Cause of Death

Apoplexy

Certified by

John H. Hager

Was a Post-Mortem held?

No

Buried at

St. John's

By

W. H. Hager

# TOWN OF LOS GATOS.

## REPORT OF DEATH.

Los Gatos, Cal. May 31 1904  
Name Susan Brady  
Age 39 years  
Place of Death Los Gatos  
Place of Birth Ireland  
Date of Death May 31st  
Married, ~~Single~~, Widow  
Cause of Death  
Attending Physician or Coroner  
To San Francisco  
S. Grant Moore, M. D.

Color or Race (If not white).....

Date of Death May 31st

Reported by Mrs. Spencer

May 31st 1904

Cause of Death Pulmonary Tuberculosis

Certified by.....

Was a Post-Mortem held? No

Buried at Shipped to San Francisco

By H. H. Hatten

TOWN OF LOS CAYOS

REPORT OF DEATH

Full name of Deceased

1904

Age

Sex

Color

Marital Status

Occupation

Physician or Coroner

Signature

S. Grant Moore, M. D.

Signature

Date of Death

Reported by

Signature

1904

Cause of Death

Certified by

Signature

Was a Post-Mortem held?

Signature

Filed at

Signature

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Susan Brady*

Age: *39* Years, ..... Months, ..... Days.

Born in (State or County) *Ireland*

Resident here *two weeks*

Died at *Los Gatos*

~~Single~~, Married or ~~Widowed~~.

(Cross out words not required in this line.)

Occupation *Wife*

Color or Race (If not white) .....

Date of Death *May 31st-*

Reported by *Mrs. Spencer*

*May 31st-* 190*4*

Cause of Death *Pulmonary Tuberculosis*

Certified by .....

Was a Post-Mortem held? *No*

Buried at *Shipped to San Francisco*

By *W. H. H. H. H. H.*

TOWN OF LOS GATOS

REPORT OF DEATH

Full name of deceased  
Date of birth  
Place of birth  
Date of death  
Place of death  
Cause of death  
Time of death  
Buried at  
Buried by  
Witnessed by  
Witnessed at  
Witnessed on

John

TOWN OF LOS GATOS.

REPORT OF DEATH.

Full name of Deceased,

Rosemary Gisela Inrad

Age: 6... Years, 7... Months, ... Days.

Born in (State or County) California

Resident here 5 Weeks

Died at Union

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation

Color or Race (If not white)

Date of Death June 1904

Reported by Mr. Gahn

June 1904

Cause of Death Acute Typhoid

Certified by Mr. Gahn

Was a Post-Mortem held? No

Buried at San Francisco

By W. A. Watson

Subscribed

TOWN OF LOS ANGELES

REPORT OF THE

Full name of deceased

Residence of deceased

Age of deceased

How long in town or county

Residence prior to death

Place of death

Single, married or divorced

(Occupation words not required in this line)

Occupation

Color or race (if not white)

Date of birth

Reported by

1800

Cause of death

Condition

Was a first marriage

Married at

1800

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



*Full name of Deceased,*

.....

*Age: ..... Years, ..... Months, ..... Days. ....*

*Born in* (State or County) .....

*Resident here* .....

*Died at* .....

*Single, Married or Widowed.*

(Cross out words not required in this line.)

*Occupation* .....

*Color or Race* (If not white) .....

*Date of Death* .....

*Reported by* .....

..... 190

*Cause of Death* .....

*Certified by* .....

*Was a Post-Mortem held?* .....

*Buried at* .....

*By* .....

TOWN OF LOS GATOS

REPORT OF DEATH

*Mr.*

*H.*

*M.*

*L.*

*S.*

*C.*

*C.*

*D.*

*R.*

*C.*

*C.*

*W.*

*B.*

*B.*

*B.*

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

Mrs Mary S. Turill

Age: 96 Years, 2 Months, Days.

Born in (State or County) N. Y. State

Resident here 35 years

Died at her home Los Gatos

~~Single~~, Married or Widowed.

(Cross out words not required in this line.)

Occupation

Color or Race (If not white)

Date of Death June 29<sup>th</sup> 1904

Reported by H. Vandenberg

June 29<sup>th</sup> 1904

Cause of Death

Certified by H. Vandenberg

Was a Post-Mortem held? No

Buried at Oswego N. Y.

By W. H. Atter

Supplied

REPORT OF DEATH

NAME OF DECEASED

DATE OF DEATH

AGE

SEX

EDUCATION

RELIGION

CAUSE OF DEATH

PLACE OF DEATH

OCCUPATION

COLOR OR RACE (if not white)

DATE OF BIRTH

REPORTED BY

CAUSE OF DEATH

CONFIRMED BY

WAS A POST-MORTEM MADE?

SIGNATURE

# TOWN OF LOS GATOS.

Los Gatos, Cal. July 1 190 4  
Name Mrs. Mary S. Linnell  
Age 96 - 2  
Place of Death Los Gatos  
Place of Birth New York State  
Date of Death June 29<sup>th</sup> 04  
~~Married~~, Single, Widow .....  
Cause of Death Chronic nephritis  
Attending Physician or Coroner  
R. A. Cunningham  
To .....

S. Grant Moore, M. D.

ine.)

Occupation .....

Color or Race (If not white) .....

Date of Death .....

Reported by .....

..... 190

Cause of Death .....

Certified by .....

Was a Post-Mortem held? .....

Buried at .....

By .....

TOWN OF LOS GATOS

REPORT OF DEATH

Los Gatos, Cal. July 1 1907  
Name *William J. Moore*  
Age *46*  
Place of Death *Los Gatos*  
Place of Birth *Los Gatos*  
Date of Death *June 29 1907*  
Married, Single, Widow *Single*  
Cause of Death *Chorea*  
Attending Physician or Coroner *W. J. Moore*  
To *S. Grant Moore, M. D.*

Date of Death

Reported by

Cause of Death

Coroner

Was a Post-mortem held?

Signature

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



*Full name of Deceased,*

.....

*Age: ..... Years, ..... Months, .... Days. ....*

*Born in* (State or County).....

*Resident here*.....

*Died at*.....

*Single, Married or Widowed.*

(Cross out words not required in this line.)

*Occupation*.....

*Color or Race* (If not white).....

*Date of Death*.....

*Reported by*.....

..... 190

*Cause of Death*.....

*Certified by*.....

*Was a Post-Mortem held?*.....

*Buried at*.....

*By*.....

TOWN OF LOS CAYOS

REPORT OF DEATH

Full name of deceased

Age

Place of birth

Residence

Sex

Place of death

Time of death

Occupation

Color or race

Date of death

Reported by

Cause of death

Certificate

Is a Post-Mortem held?

Buried at

By

# TOWN OF LOS GATOS.

## REPORT OF DEATH.



Full name of Deceased,

*Geo Chas Rockman*

Age: *1.3* Years, *11* Months, ..... Days.

Born in (State or County) *S. Wales*

Resident here *2 years*

Died at *Los Gatos*

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation *School boy*

Color or Race (If not white) .....

Date of Death *July 9th*

Reported by *W. G. Guber*

*July 9th* 1904

Cause of Death .....

Certified by *W. G. Guber*

Was a Post-Mortem held? *No*

Buried at *Los Gatos*

By *W. A. N. Atmore*

TOWN OF LOS BATOS

REPORT OF DEATH

\*\*\*

Full name of Deceased

*Don Juan Rodriguez*

Age of Deceased

*45 years*

Residence

*San Juan, P.R.*

Place of Birth

Occupation

*Farmer*

Cause of Death

*Heart failure*

Time of Death

*10:30 AM*

Place of Death

*Home*

Signature of Physician

*Dr. J. M. Lopez*

Signature of Registrar

*Dr. J. M. Lopez*

Date

*Jan 15, 1900*

# TOWN OF LOS GATOS.

## REPORT OF DEATH.

Full name of Deceased,

William K. Thrown

Age: 67 Years, Months, 2 Days

Born in (State or County) Ohio

Resident here 20 years

Died at Los Gatos

Single, Married or Widowed.

(Cross out words not required in this line.)

Occupation Retired

Color or Race (If not white)

Date of Death August 5 1904

Reported by his son

August 5<sup>th</sup> 1904

Cause of Death Heart Failure

Certified by Broner Kell

Was a Post-Mortem held? No

Buried at Los Gatos

By W. A. Watters

TOWN OF LOS GATOS

DEPT. OF HEALTH

Los Gatos,

Name 100

Age 4

Place of De

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Occu

Color

Date

Repo

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Certi

Was

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Buri

By

TOWN OF LOS GATOS.

Los Gatos, Cal Aug 20 1904  
Name M. M. Smith  
Age 42  
Place of Death Los Gatos  
Place of Birth Missouri  
Date of Death Aug 18 - 04  
Married, ~~Single~~, Widow Concord  
Cause of Death Diabetic  
Attending Physician or Coroner R. P. Cooper  
To S. Grant Moore, M. D.

Occupation Wife

Color or Race (If not white)

Date of Death August - 18th

Reported by her husband

August - 18 1904

Cause of Death Diabetic

Certified by W. B. Cooper

Was a Post Mortem held? No

Shipped to  
Buried at Oakland

By A. R. W. Allen

TOWN OF LOS GATOS

REPORT OF DEATH

Los Gatos, Cal. July 25, 1904

Name of Deceased

Place of Birth

Age at Death

Sex

Married

Place of Death

Attending Physician or Coroner

Signature

S. Grant Moore, M. D.

TOWN OF LOS GATOS.

Report of Death.

Full name of Deceased,

*Missie M Smith*

Age: *42* Years, — Months, — Days.

Born in (State or County) *Missouri*

Resident here *29 years*

Died at *Los Gatos*

~~Single~~, Married or ~~Widowed~~.

Cross out words not required in this line.

Occupation *Wife*

Color or Race (If not white)

Date of Death *August-18th*

Reported by *her husband*

*August-18* 190*4*

Cause of Death *Diabetes*

Certified by *Mr Gater*

Was a Post Mortem held? *No*

*Shipped to*  
Buried at *Oakland*

By *A R Walter*

JOHN W. H. H. H.

REPORT OF DEATH

Full name of Deceased

Age      Year      Month      Day

Born in (State or County)

Resident here

Died at

Single, Married or Widowed

Cause and mode of death (to be filled in by physician)

Occupation

Color or Race (If not white)

Date of Death

Reported by

100

Cause of Death

Certified by

Was a Post Mortem held?

Found at

By

TOWN OF LOS GATOS.

Report of Death.

Full name of Deceased,

*Mary E Lorry*

Age: *68* Years, *2* Months, *18* Days.

Born in (State or County)

*Penn*

Resident here

Died at

*her home*

☒ Single, ☒ Married or Widowed.

Cross out words not required in this line.

Occupation

*Brother*

Color or Race (If not white)

Date of Death

*Aug 23*

Reported by

*her son*

*Aug 23*

190*4*

Cause of Death

*Arched Hemiplegia*

Certified by

*W. J. Holland*

Was a Post Mortem held?

*No*

Buried at

*Lee Feb*

By

*W. A. Walker*

TOWN OF FORGOTTEN

REPORT OF DEATH

Full name of Deceased

George E. Jones

Age: 62 Years 2 Months 15 Days

Born in (State or County) Penn

Resident here

Died at his home

Single, Married or Widowed

Gross and words not required in this line

Occupation Farmer

Color or Race (If not white)

Date of Death Aug 23

Reported by Mrs. Jones

190

Cause of Death

Certified by Dr. J. H. Smith

Was a Post Mortem held?

Buried at

By

TOWN OF LOS GATOS.

Report of Death.

Los Gatos, Cal. Sep 14 1904

Name Edward Naramore

Age 96-8-9

Place of Death Los Gatos

Place of Birth New York State

Date of Death Sep 18-04

~~Married~~, Single, Widow

Cause of Death Acute uræmia

Attending Physician or Coroner

R. W. Gaher

To Chicago

S. Grant Moore, M. D.

Color or Race (If not white)

Date of Death Sept-14th

Reported by Mr Gaher

Sept-14th 1904

Cause of Death Acute uræmia Intestinal hyperphosphatemia

Chronic Prostatitis & Prostatic hyperphosphatemia

Certified by Mr Gaher

Was a Post Mortem held? No

Buried at Shipped to Chicago

By W. H. Waters

TOWN OF LOS GATOS

Report of Death

Name of Deceased

Los Gatos, Cal. 1904  
Sept 14  
E. W. Moore  
8-8-4  
Cause of Death  
Date of Birth  
Date of Death  
Married: Single, Widow  
Cause of Death  
Attending Physician or Coroner  
S. Grant Moore, M. D.

Date of Death

Reported by

1904

Cause of Death

Certified by

Was a Post Mortem held?

Buried at

By

# TOWN OF LOS GATOS.

## Report of Death.

Full name of Deceased,

Edward Harriman

Age: 86 Years, 8 Months, \_\_\_\_\_ Days.

Born in (State or County) York State

Resident here twelve

Died at Las Gatos

~~Single~~, Married or Widowed.

Cross out words not required in this line.

Occupation \_\_\_\_\_

Color or Race (If not white) \_\_\_\_\_

Date of Death Sept-14th

Reported by Mr. Gaher

Sept-14th 1904

Cause of Death acute cardiac infarction <sup>hypertension</sup>

chronic prostatitis & prostatic hypertrophy

Certified by Mr. Gaher <sup>hypertension</sup>

Was a Post Mortem held? No

Buried at Shipped to Chicago

By W. H. Watters

FORM OF DEATH

NAME OF DECEASED

Full name of deceased

Age      Sex      Marital Status

Place of Birth (State or County)

Resident here      years

Occupation

Single, Married or Widowed

Grave and number and location in this city

Occupation

Color or Race (If not white)

Date of Death

Reported by

Cause of Death

Certified by

Was a First Malignant Tumor

Found at

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TOWN OF LOS GATOS.

Report of Death.

Full name of Deceased,

*Joshua Ellis Stice*

Age: *65* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Born in (State or County) *Illinois*

Resident here *16 years*

Died at *Los Gatos*

~~Single~~, Married or Widowed.

Cross out words not required in this line.

Occupation *Farmer*

Color or Race (If not white) \_\_\_\_\_

Date of Death *Sept - 25 - 04*

Reported by *Geo. Muller*

*Community Ass. Sept 25 1904*

Cause of Death \_\_\_\_\_

Certified by *W. A. Gaher*

Was a Post Mortem held? *No*

Buried at *Los Gatos*

By *W. A. Gaher*

W

Name

Color

Single

Date of

Date of

Age

Occupati

Place of

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Physic

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# W. A. WATTERS

## Funeral Record

Name *Justus Ellis Stone*

Color \_\_\_\_\_ Sex *Male*

Single, married, widowed, divorced.

Date of death *Sept. 26th*

Date of birth \_\_\_\_\_

Age: *65* years, \_\_\_\_\_ months, \_\_\_\_\_ days.

Occupation *Farmer*

Place of birth *Illinois*

Birthplace of father \_\_\_\_\_

Birthplace of mother \_\_\_\_\_

Place of death \_\_\_\_\_

Late residence \_\_\_\_\_

Length of residence *16 years*

Place of interment \_\_\_\_\_

Physician *H. G. Baker*

Sanitarium \_\_\_\_\_

How long inmate \_\_\_\_\_

